

Exhibit R



State of Rhode Island
Department of Health

**Search
Results**

VERIFYING A LICENSE
For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

SUBMITTING A COMPLAINT
To submit a complaint against a particular license, click the "Submit Complaint" link for that license.

Search Again

Full Name	License Number		Profession	License Type	License Status	City	State
MICHAEL DEANE BURGARD	MD13679	Submit Complaint	Physician	Allopathic Physician (MD)	Active	PROVIDENCE	RI
MICHAEL DEANE BURGARD	CMD13679	Submit Complaint	Physician	CSR-Allopathic Physician (MD)	Active	UNKNOWN	NA
1							

State of Rhode Island
Department of Health

MICHAEL DEANE BURGARD

License No:	MD13679	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Active	Issue Date:	6/14/2011	Expiration Date:	6/30/2022
Secondary License Type:					

Education Information

School Name: University of Missouri at Columbia School of Med. **Graduated:** 5/12/2006

Specialty Information

PSYCHIATRY

Geriatric Psychiatry

Disciplinary Action

Disclaimer: The individual license information on the Licensee Lookup displays only the current license status (e.g., Active, Active Probation, Suspended, Revoked). For the disciplinary history of any individual licensee, please click on the link for the specific profession and then on the Disciplinary Actions link available on each professional board's webpage.

See Board Disciplinary Listings at <http://www.health.ri.gov/lists/disciplinaryactions>

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Full Name	License Number		Profession	License Type	License Status	City	State
CHRISTOPHER MARTIN MATKOVIC	CLP00502	Submit Complaint	Physician	CSR-Limited Physician	Expired		
CHRISTOPHER MARTIN MATKOVIC	MD12658	Submit Complaint	Physician	Allopathic Physician (MD)	Active	PROVIDENCE	RI
CHRISTOPHER MARTIN MATKOVIC	CMD12658	Submit Complaint	Physician	CSR-Allopathic Physician (MD)	Active	UNKNOWN	NA
CHRISTOPHER MARTIN MATKOVIC	LP00502	Submit Complaint	Physician	Limited Physician	Expired		
1							



State of Rhode Island
Department of Health

CHRISTOPHER MARTIN MATKOVIC

License No:	MD12658	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Active	Issue Date:	5/14/2008	Expiration Date:	6/30/2022
Secondary License Type:					

Education Information

School Name:	St. Georges University School of Medicine	Graduated:	6/14/2002
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Specialty Information

PSYCHIATRY

Disciplinary Action

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Full Name	License Number		Profession	License Type	License Status	City	State
AYE MYINT MYINT-U	MD13503	Submit Complaint	Physician	Allopathic Physician (MD)	Active	PROVIDENCE	RI
AYE MYINT MYINT-U	LP01242	Submit Complaint	Physician	Limited Physician	Null and Void		
AYE MYINT MYINT-U	CMD13503	Submit Complaint	Physician	CSR-Allopathic Physician (MD)	Active	UNKNOWN	NA
AYE MYINT MYINT-U	CLP01242	Submit Complaint	Physician	CSR-Limited Physician	Null and Void		
AYE MYINT MYINT-U	LM24765	Submit Complaint	Physician	Medical Officer (Limited)	Expired	PROVIDENCE	RI
1							



State of Rhode Island
Department of Health

AYE MYINT MYINT-U

License No:	MD13503	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Active	Issue Date:	12/8/2010	Expiration Date:	6/30/2022
Secondary License Type:					

Education Information

School Name:	Tulane University School of Medicine	Graduated:	5/19/2007
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Specialty Information

PSYCHIATRY

Disciplinary Action

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Full Name	License Number		Profession	License Type	License Status	City	State
SHARATH PUTTICHANDA	MD13908	Submit Complaint	Physician	Allopathic Physician (MD)	Active	PROVIDENCE	RI
SHARATH PUTTICHANDA	CMD13908	Submit Complaint	Physician	CSR-Allopathic Physician (MD)	Active	UNKNOWN	NA
1							



State of Rhode Island Department of Health

SHARATH PUTTICHANDA

License No:	MD13908	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Active	Issue Date:	5/1/2012	Expiration Date:	6/30/2022
Secondary License Type:					

Education Information**School Name:** J J M Medical College **Graduated:** 11/1/2004**Specialty Information**

PSYCHIATRY

Disciplinary Action

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